

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/539210
FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5	1	2				
6	4	1				
7	1	1				
8	4	1				
9	1	1				
10	6	1				
11	1	1				
12	1					
13		62				
14	1					
15	1					
16						
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49						
50						
TOTAL IND.	3	↓		↓		↓
TOTAL DEP.	15	←	←	←	←	←
TOTAL CLAIMS	18					

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	←	←	←	←
TOTAL CLAIMS						